

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Ending Spending, Inc.

(b) Address (number and street) ☐ check if different than previously reported

1101 Pennsylvania Avenue, NW, Suite 700

(c) City, State and ZIP Code

Washington, DC 20004

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

2. FEC Identification Number

C

3. Is This Statement

New



Amended

4. Covering Period

12 / 15 / 2011

through

01 / 20 / 2012

5. (a) Date of Public Distribution(s)

12 / 15 / 2011

(b) Communication Title

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify:**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Mark Simmons

(b) Address (number and street)

1395 S. Platte River Dr.

(c) City, State and ZIP Code

Denver, CO 80223

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

9. Total Donations This Statement

3,575,450.00

10. Total Disbursements/Obligations This Statement

3,575,450.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mark Simmons

SIGNATURE

Mark Simmons

DATE

12-15-11

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)